

**QUALITY ASSURANCE REVIEW FORM**  
**For Contract Work Assignments**

**I. GENERAL INFORMATION**

Contractor Name: The Cadmus Group, Inc.

Contract Number: EP-C-15-022

Work Assignment (WA) Number: 4-96

Title: Support for Region 8 Underground Injection Control  
Dewey-Burdock Permitting Actions

II. This WA requires direct environmental measurements (Check one: if "yes" fill out section VIII):

YES ( ) NO (X)

III. This WA requires use of secondary environmental data (Check one: if "yes" fill out section VIII):

YES (X) NO ( )

IV. This WA requires collection of survey, compliance and/or enforcement data (Check one: if "yes" fill out section VIII):

YES ( ) NO (X)

V. This WA requires the development and/or use of a database/model (Check one: if "yes" fill out section VIII):

YES ( ) NO (X)

VI. This WA requires development of software (Check one: if "yes" fill out section VIII):

YES ( ) NO (X)

VII. This WA requires response to comments (Check one: if "yes" fill out section VIII):

YES (X) NO ( )

VIII. Quality Assurance (QA) Requirements for WA projects checked "YES" in sections II thru VIII:

Check "YES" to only one item in this section.

(a) A complete written Project Specific Quality Assurance Project Plan (PQAPP) is required as a part of this WA, i.e. none of the QA requirements for this WA are addressed in the Contract Level Quality Assurance Project Plan (QAPP), or there is no Contract QAPP. Approval of the PQAPP is required prior to commencing work on Task(s) \_\_\_\_\_ of this WA..

YES ( )

(b) QA requirements for this WA will be addressed by the combination of the Contract QAPP and a Supplemental Project Specific QAPP (SQAPP) specific to the WA under Task(s) \_\_\_\_\_. Task-specific QA elements are required to be addressed in the Work Plan and approval of QA elements are required prior to commencing work on Task(s) of this WA.

YES ( )

(c) This WA is a continuation of WA 3-96. Development of a response-to-comments document under Task(s) 3 of this WA will be identical to the procedures described in the Contract QAPP, and/or the PQAPP or SQAPP completed under WA 3-96 of this contract.

YES (X)

(If YES, In addition to signing section IX, section X must also be signed by WACOR, QAC and CLCOR to verify that the referenced PQAPP or SQAPP completed under the previous WA is applicable to the tasks to be performed under this WA.)

(d) This WA is a continuation of WA \_\_\_\_\_. Collection, use and analysis of data under Task(s) \_\_\_\_\_ of this WA will not be identical to the procedures described in the Contract QAPP, and/or the PQAPP or SQAPP completed under WA \_\_\_\_\_ of this contract. The QAPP for this WA will be amended or revised to address the applicable Task-specific QA elements. Approval of the amended or revised QAPP is required prior to commencing work on Task(s) \_\_\_\_\_ of this WA..

YES ( )

(e) QA requirements for this WA are fully addressed in the Contract QAPP. A PQAPP or SQAPP is not required.

YES ( )

IX. The signatures below verify that the requirement for a QAPP has been determined and approved by the following:

Bruce Suchomel

Work Assignment Contracting Officer Rep. (WACOR) Printed Name

Bruce Suchomel  
Signature

3/6/19  
Date

Quality Assurance Coordinator (QAC) Printed Name

Signature

3/6/19  
Date

Linda Himmelbauer

Quality Assurance Officer (QAO) Printed Name

Signature

3/12/19  
Date

Nancy Parrotta

Contract Level Contracting Officer Rep. (CLCOR) Printed Name

Signature

3/12/19  
Date

X. If a QAPP, SQAPP, or PQAPP is required, the signatures below verify that the QA documentation has been submitted and approved.

Bruce Suchomel

Work Assignment Contracting Officer Rep. (WACOR) Printed Name

Bruce Suchomel  
Signature

3/12/19  
Date

Linda Himmelbauer

Quality Assurance Coordinator (QAC) Printed Name

Linda Himmelbauer  
Signature

3/12/19  
Date

CLCOR signature acknowledging receipt of QA documentation, approved by the WACOR and QAC.

Nancy Parrotta

Contract Level Contracting Officer Rep. (CLCOR) Printed Name

Signature

Date  
QARF 12/30/2015